

U.S. Department of Justice  
United States Marshals ServiceRECEIVED  
US MARSHALS EDNY  
"Pursuant to the Rules and Regulations for Service of Process by U.S. Marshal"PLAINTIFF  
United StatesCOURT CASE NUMBER  
18-CR-51 (S-2) (ENV)DEFENDANT  
Inna ChebanenkoTYPE OF PROCESS  
Order of Forfeiture

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
**SERVE** **AT** **United States Marshals Service**  
 ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
 225 Cadman Plaza East Street, Brooklyn, New York 11201

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

RICHARD P. DONOGHUE, United States Attorney  
 Eastern District of New York  
 271 Cadman Plaza East, 7th Floor  
 Brooklyn, New York 11201  
 Attn: AUSA Karin Orenstein

Number of process to be served with this Form 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE *(Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):*

Fold

Fold

Execute the Order of Forfeiture and deposit the Cashier's Check (No 9503719817) of \$8,000.00 into the SADF.

19-FBI-007530

Signature of Attorney other Originator requesting service on behalf of: <i>Karin Orenstein by EV</i>	<input checked="" type="checkbox"/> PLAINTIFF	TELEPHONE NUMBER	DATE
	<input type="checkbox"/> DEFENDANT	(718) 254-6188	11/5/19

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. <i>(Sign only for USM 285 if more than one USM 285 is submitted)</i>	Total Process	District of Origin No. <i>53</i>	District to Serve No. <i>53</i>	Signature of Authorized USMS Deputy or Clerk <i>M. G. Orenstein</i>	Date <i>11/5/18</i>
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I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below.

I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above *(See remarks below)*

Name and title of individual served *(if not shown above)*

A person of suitable age and discretion then residing in defendant's usual place of abode

Address *(complete only different than shown above)*

Date *NOV 6 2019* Time  am  pm  
Signature of U.S. Marshal or Deputy *M. G. Orenstein*

Service Fee <i>65</i>	Total Mileage Charges including endeavors <i>—</i>	Forwarding Fee <i>—</i>	Total Charges <i>65a</i>	Advance Deposits <i>—</i>	Amount owed to U.S. Marshal* or (Amount of Refund*) <i>NOV \$0.00</i>
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REMARKS:

*\$ 8,000.00 deposited into SADF on 8/2019*

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

*18-51-1*